diana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-13-3.

Date:	<u>12-02-10</u>	Address:	301 N. Le Blvd De La Paix	
Case #:	<u>10-20488</u>		South Bend, IN	
County:	St. Joseph			
Type of Laboratory Seizure (check one)		Seizure Location (theck all that analys	
☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all th Lithium	Ammonia Reaction(s): Vehicle			
☐ Red Phosphorous/Iodine Reaction(s): ☐ Flammable Solvents: Vehicle				
Water Reactive Metal (Lithium): Vehicle				
Anhydrous Ammonia:				
Hydroch	nloric Acid Gas Generator(s):			
Corresiv	e Acid: Vehicle			
Corrosiv	re Baso: <u>Vehçile</u>			
Other (it	em and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine, ☐ Retail/Mer ☑ Other: <u>Unit</u>	Investigative Information Bphedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Uniform Patrol	
This report	<u>is to be faxed to the following agen</u>	cies that serve the Ioo	ation:	
Fire Departm	nent: <u>SBPD</u>	Fax: <u>574-23:</u>		
Health Department: St. Joe County HD		Fax: <u>574-23:</u> Fax:	<u>5-9497</u>	
Child Protect	tion Service:	. w.s		
mvesuganng		tamine laboratory, cor e <u>574-235-9406</u>	tact	
** This form	to to be found to the Time to			

m is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.